

ORSETT PSYCHOLOGICAL REVIEW

No.21 - JUNE 2008

A JOURNAL ABOUT THE PSYCHOLOGY OF
EVERYDAY LIFE

ISSN: 1474-0311

Orsett Psychological Services
PO Box 179
Grays
Essex
RM16 3EW

orsettpsychologicalservices@phonecoop.coop

CONTENTS

	Page Number
Social Construction of Emotions: Two Aspects in Modern Society	
Kevin Brewer	3
Power in the Social Construction of Identity: An Example	
Gianna Tzanoukaki	11
Two New Categories for DSM: Is There Any Behaviour that is Not a Mental Disorder?	
Kevin Brewer	15

SOCIAL CONSTRUCTION OF EMOTIONS: TWO ASPECTS IN MODERN SOCIETY

For the social constructionist approach, behaviour is shaped and reshaped from interactions with others, and by cultural and social practices. Thus the majority of behaviours are "constructed" by the meaning place on them in the social context of a particular time and place ¹. Behaviours do not simple exist because we perform them; they exist because they have been created in the social context.

"The person, consciousness, mind and the self are seen as social through and through" (Wetherell and Maybin 1996 p222).

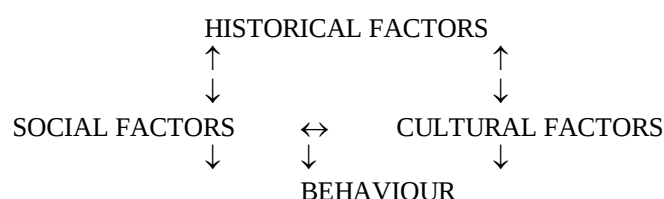
Rosaldo (1984) argued that emotions are "bound up with the stories, myths and conventions of a culture which guide people on how to react in different circumstances" (Wetherell and Maybin 1996 p236). Therefore, we are not about shared universal emotions, but certain emotions that become part of a culture, and then part of the self. Emotions are "constituted in ongoing relational practices" (Burkitt 1997 p42).

Take, for example, the emotion of anger. It can be seen that this is viewed in different ways around the world. In North America it is important to express anger spontaneously as it builds up inside, and then dies down after expression. While for the Utka Eskimos, they show no signs of anger, and when others display anger, they call it "childish" (Markus and Kitayama 1991).

Parkinson (1996) explored the social causes of emotions by emphasising their interpersonal nature. Emotional significance is defined interpersonally (eg: jealousy is dependent on the existence of others), and also culturally (eg: self assertive emotions like anger are more common in individualistic societies).

In addition to supplying an evaluative frame of reference defining what there is to get emotional about, cultures and institutions also promote implicit and explicit expectations about

¹ Behaviour has to be seen as a product of the socio-historical-cultural (SHC) context (Brewer 2002).



interaction which may influence the ways in which emotional episodes are played out in the interpersonal arena (Parkinson 1996 p666).

This can be seen explicitly in that some advice columns in popular magazines specify the appropriate behaviour concerning relationships.

Emotions cannot be seen outside a social context because people are explicitly trained to appraise emotional relevant situations in institutionally appropriate ways. This is through the use of discourses, which evaluate the conduct as well as interpret it.

Emotions permeate the fabric of institutions and society; for example, superiors avoid relating and showing emotions to subordinates.

If emotions are socially constructed, then what are the mechanisms involved? Great emphasis is placed on stories, dialogues and narratives during socialisation. In other words, the importance of what the child hears in the way others (predominantly adults) describe their experiences.

Miller and Sperry (1987) carried out a longitudinal observation study of communication between 2-3 year old White girls and their mothers/care-givers in a particular part of Baltimore. The way the children came to express their emotions could be seen as related to the mothers' account of personal experience that the child had heard. These stories are part of the mothers' construction of self, and consequently became part of the child's.

Along side the stories, the mothers' behaviour was important in helping the girls learn the difference between justifiable and unjustifiable anger, and between being "sissy" (unable to defend self) and "spoiled" (responding angrily without reason).

But surely, this is just the learning of appropriate "display rules". Wetherell and Maybin (1996) disagreed - "the talk and interaction involved in learning these rules affect children's actual individual experience of feelings, and influence their emotional development in specific, culturally shaped ways" (p258) ².

This article now introduces the preliminary thoughts on two specific aspects of the social construction of emotions in the United Kingdom today. One is the idea of "emotional labour" (the controlling of emotions) and the effect upon behaviour. The other is the public expression

² The discursive psychological approach to emotions by Edwards (1999) has developed this idea: "Emotion is treated not as a psychological phenomenon that needs to be pinned down and classified, but rather as a conceptual resource deployed for conversational purposes" (Parkinson 2007 p111).

of intimate emotions ("publication of emotions"). It may seem that these ideas are contradictory, but that is not a problem because there are always conflicting discourses in society. Furthermore, contradictory discourses, which are mutually exclusive, are evident today (for example in relation to eating disorders; Brewer 2001a).

EMOTIONAL LABOUR

Emotional labour is the idea that the individual is so involved in their social role that as well as displaying the appropriate emotion, they are also feeling it. Hochschild (1983) observed this phenomenon from her interviews with flight attendants.

Emotional labour:

(R)equires one to induce or suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others.. This kind of labour calls for a coordination of mind and feeling, and it sometimes draws on a source of self that we honour as deep and integral to our individuality (Hochschild 1983 p7).

The flight attendants were "sometimes trained to immerse themselves so deeply in their work role that their pleasant reactions even to obstreperous passengers became unforced and sincere. Ultimately they learned to appraise interpersonal encounters in ways that their employers required in order to enhance customer relations" (Parkinson 2007 p104).

In other words, emotional labour is part of the control of the self imposed by employers involving the "act of expressing socially desired emotions during service transactions" (Ashford and Humphrey 1993 pp88-89). It is not enough to appear as the employer feels is appropriate, but it is necessary to genuinely express that emotion. The worker who says, "have a nice day" to the customer is required to experience the cheerfulness and friendliness associated with it rather than saying it as a hollow phrase.

Ritzer (1998), writing in relation to McDonalds as an example of employers demanding this behaviour, saw the organisation as wanting to control how employees "view themselves and how they feel".

The idea of training staff in interacting with customers was developed by the "Disney University". When "Disneyland" first opened in the USA, staff were not particularly friendly and helpful towards visitors. So the need for training programmes that encouraged a

"friendly smile" and a "friendly phrase" (Bryman 1991).

At one level, this is simply training staff on how to interact with customers. But it is now seen as normal practice in the service industry as well as more generally. Emotional labour is the case where the expectations of the training has gone beyond simple politeness or friendliness to social construction of the individual and their emotions. So we are living in a society with powerful constraints on the expression of emotions with customers at work. Thus feelings have become "commoditized" (Hochschild 1983) ³.

But it could also be that modern society demands emotional labour in terms of how to be the "model citizen". There is a lot of social pressure to do the "right thing", or in "consumer capitalism" to buy the right thing, and failure to do so leads to labelling as "anti-social behaviour". The "circles of normality" (Brewer 2001b) are very small and this limits the freedom of individuals.

The demands of emotional labour can be linked to the use of recreational drugs including alcohol. Individuals experience their work life as greatly controlled not just externally (rules) but internally (emotional labour), so outside work there is a need to escape the restraints. This can be done by the consumption of substances that "free the mind" (and emotions).

Take the example of alcohol. There is a general feeling that consumption has increased in recent years ⁴, and, in particular, individuals drinking to become intoxicated as quickly as possible. Focusing of the desire to be intoxicated quickly, being drunk is a state of freedom from social control, and, especially, from emotional labour. The individual is able to do (and more importantly, experience) what they want.

Individuals consume alcohol often to become intoxicated, but it is the desire for that state quickly that is different. Furthermore, individuals may become intoxicated to the point of not remembering what happened. Overall, individuals are using alcohol to escape the everyday constraints of emotional labour.

Richardson et al (2003) interviewed 27 young "binge drinkers" and found the motivations to drink "linked to personal freedom and independence", and "a desire to escape from everyday worries". While increased confidence, feelings of invulnerability, and not caring when intoxicated were reported as positive aspects of the

³ Brewer (2001c) talked of the "commodification of every aspect of life".

⁴ Eg: Over a two-year period, an increase in "heavy drinking" by 14-16 year-olds from 22% to 31% and a reduction in "light drinking" (Measham 1996).

experience.

This is not the only reason for the increase in alcohol consumption. But as the "going-out sector" thus places more significance on leisure time (Parker et al 1998), there is increasing disposable income (Petry 2000) in the face of a selection of "easy-to-drink high-ABV (alcohol by volume), designer products to choose from" (Eggington et al 2002).

PUBLICATION OF EMOTIONS

The "publication of emotions" is the idea that individuals express emotions in a "public arena". In other words, as if in front of an audience. This includes giving intimate details about themselves and their feelings to strangers as shown by the "public confessional television" of programmes like the "Jerry Springer Show".

Individuals are expressing, sometimes for the first time to others, details of their most intimate secrets to the strangers in the audience and to the television viewers. On the surface, it has to be asked why somebody would want to do such a thing, particularly in relation to secrets long hidden and usually shameful. Because much of experience, if not all, is validated through television, the experience of the confessor is given meaning. That is not to say that they will be accepted, and many programmes choose guests with socially unacceptable "confessions". But being infamous is as validating as being famous in many ways. So keeping the secret hidden is "unreal" (or "inauthentic"), but when it is "published" it is made "real" (or "authentic").

The all-encompassing nature of television is the first factor in the "publication of emotions". Another factor is the growth of the Internet, and in particular "Web 2.0". "Web 2.0" means a number of different things including particular developments in computing, but here I want to use it to describe two distinct behaviours:

- The growth of "social networking" has led to interactions with individuals who are never met physically. "Cyber-friends" are as important as "physical friends". So it is no longer unusual to be telling a "cyber-friend" (in many respects, a stranger) personal information and feelings. In fact, such information may be included in profiles that are open to any individuals on that website;
- The Internet has also allowed individuals to literally publish their work with their own websites. This includes writings, photographs, videos, and within these, emotions.

Overall, it is becoming "normal" to express personal information and feelings to anybody and everybody, and it is thus now expected.

Kenneth Gergen (2000) talked of individuals as "fractioned beings" in the "post-modern world". One of the characteristics of this is, what he called, "plastic relationships". Because of the rapid pace of society, relationships become "throwaway" and transient.

This would make individuals more guarded in what they tell and express with friends as the relationship may be finished soon. On the other hand, such a temporary nature of relationships can encourage people to be more open, like telling your life-story to a stranger on a bus who you will never see again. Intimate information is not kept for long-term relationships, built over years, but can be expressed immediately. This is characterised by "speed dating" where individuals have a matter of minutes during which to decide if they like a person. An immediate expression of something personal aids this process more than bland statements.

CONCLUSIONS

Williams (1998) felt that we are confronted with two paradoxes (which can be seen in the social construction of emotions):

First, that the more we search for the "authentic", the more "inauthentic" it becomes. Secondly, the fact that our contemporary obsession with the manufacture of so-called "real feelings".. ultimately translates into a repressed longing for the "authentic"; one which .. can never be reached in a culture such as ours ..(p764).

Both the "publication of emotions" and the effects of "emotional labour" can be seen as attempts to find such "authentic" emotions in an "inauthentic" society.

REFERENCES

Ashford, B.E & Humphrey, R.H (1993) Emotional labour in service roles: The influence of identity Academy of Management Journal 18, 88-115

Brewer, K (2001a) An introduction to the social construction of eating disorders among women Orsett Psychological Review 1, 2-10

Brewer, K (2001b) Normality, consumerism, and civil religion Orsett Psychological Review 2, 13-30

Brewer, K (2001c) What is the "post-modern self"? A brief answer Orsett Psychological Review 4, 2-7

Brewer, K (2002) Social hierarchies, status, and the social construction of the self Orsett Psychological Review 6, 2-7

Bryman, A (1999) The Disneyization of society Sociological Review 47, 1, 25-47

Burkitt, I (1997) Social relations and emotions Sociology 31, 37-55

Edwards, D (1999) Emotion discourse Cultural Psychology 5, 271-291

Eggington, R et al (2002) Going out drinking: The centrality of heavy alcohol use in English adolescents' leisure time and poly-substance-taking repertoires Journal of Substance Use 7, 125-135

Gergen, K (2000) The self: Transfiguration by technology". In Fee, D (ed) Psychology and the Post-Modern London: Sage

Hochschild, A.R (1983) The Managed Heart: Commercialization of Human Feeling Berkeley, CA: University of California Press

Markus, H & Kitayama, S (1991) Culture and the self: Implications for cognition, emotions and motivation Psychological Review 98, 224-254

Measham, F (1996) The "big bang" approach to session drinking Addiction Research 4, 283-299

Miller, P.J & Sperry, L.L (1987) The socialisation of anger and aggression Merrill Palmer Quarterly 33, 1-31

Parker, H et al (1998) Illegal Leisure: The Normalization of Adolescent Recreational Drug Use London: Routledge

Parkinson, B (1996) Emotions are social British Journal of Psychology 87, 663-683

Parkinson, B (2007) Emotion. In Hollway, W et al (eds) Social Psychology Matters Maidenhead: Open University Press

Petry, N (2000) Effects of increasing income on polysubstance use: A comparison of heroin, cocaine and

alcohol abusers Addiction 95, 5, 705-717

Richardson, A et al (2003) Binge drinking, offending and disorderly behaviour among young adults Acquire Spring, 4-6

Ritzer, G (1998) The McDonaldization Thesis London: Sage

Rosaldo, M (1984) Towards an anthropology of the self and feeling. In Schweder, R.A & Levine, R.A (eds) Cultural Theory: Essays on Mind, Self and Emotion Cambridge: Cambridge University Press

Wetherell, M & Maybin, J (1996) The distributed self: A social constructionist perspective. In Stevens, R (ed) Understanding the Self London: Sage

Williams, S.J (1998) Modernity and the emotions: Corporeal reflections on the (ir)rational Sociology 32, 4, 747-770

Kevin Brewer

Article written May 2008

POWER IN THE SOCIAL CONSTRUCTION OF IDENTITY: AN EXAMPLE

INTRODUCTION

An elementary definition of power could be "a relationship of power is evident when someone acts in a way which they would otherwise not have done - regardless of whether or not they chose to" (Allen 2004 p10). Foucault (1980) saw power as an "indirect affair" which circulates between agents in social institutions.

Foucault raised questions on how is power exercised and how power circulates. According to different modes of power such as domination, authority and persuasion, Foucault believed that power is exercised through domination, which "works on the basis of self constraint rather than external constraint" (Allen 2004 p39).

Although people are free to act in different ways, they self-discipline and constraint themselves to socially appropriate and acceptable forms of behaviour. Discourses (ideas, beliefs, statements and practises which represent specific knowledge) influence and constraint people's behaviour and actions.

People's "compliance to an authority is achieved on the basis of circulating, 'self evident' 'truths' and everyday practices" (Allen 2004 p27). Through discourses, knowledge is produced, so it is socially constructed. Knowledge and power, for Foucault, are linked and new knowledge which will involve new power relations will be achieved only through discourses of resistance.

Persuasion, according to his theory "works on the basis of incitement and provocation, closing down possibilities and opening up selective 'choices'" (Allen 2004 p27). This is how power circulates between agents.

Social constructionist theory can also be employed in investigating agents' identities. According to this theory nothing can be perceived as "natural", as identities are formed and constructed by people, so are socially constructed. They are fluid, dynamic and multiple and can change over time as society changes.

The level of people's agency is very important, as people - according to that theory - construct their identities on everyday interactions and negotiate them. Language is the main tool in the whole process, as language constructs different discourses. People can speak and present themselves in different ways to different people. As Bruner (1990) said "we make ourselves and our identities through the stories about ourselves that we tell others and ourselves (our autobiographical narratives)" (Phoenix 2004). People can

also share the same identity with others but have many differences. Identities and power relations are linked.

Social constructionist approach, has been employed in feminist writings. Fox Keller (1984) located the source of power and "argues that knowledge is gendered by the social structures through which is produced" (Woodward and Watt 2004 p27). According to this, discourses have been developed, controlled and maintained in the social system of patriarchy by men.

Men exercised power over women, creating and maintaining unequal power relations between them. Gender identities have been associated with "social schemas", "who contain knowledge about the expectations of behaviour associated with the role" (Buchanan et al 2004).

Discourses created social roles for women and created stereotypes about women's abilities, behaviour and roles in society. Women, according to patriarchal system could and should only be housewives and take care of their children, while the man was the breadwinner. Women were excluded from higher education and employment until the end of Second World War. This kept women under the same status, having less power than men. Women for several decades followed this model and used indirect techniques, "their femininity", to negotiate power and open up possibilities, which could be described as selective "choices", controlled by men.

Through individualistic and collective resistance and action (feminist movements), women challenged patriarchal discourses and created new knowledge about women's abilities and roles in society. As a result women entered higher education and employment and employed successfully different identities, such as wives, mothers, employees.

After all this transformation power relations between men and women have changed. As power is relational and negotiable in everyday interactions, people's different gender and status can have an affect on power relations between them.

PRIMARY RESEARCH

Material used for this research were two video clips produced by the Open University. Both clips took place in an estate agency office. The first one was an interaction between a female client and a male estate agent. The second one was between the same agent and one of his female colleagues.

Different power relations were observed from the

participants in both clips. In the first clip the male estate agent has power through his knowledge (authority); eg: "I know the problems on that road" (line 27).

He adopts a friendly and helpful behaviour (constructs identity) to the customer. He adopts a social role, from the patriarchal model ("man knows more") which is empowered from the woman and tries to lead the discussion. He recognises that the woman has more power and negotiates it by using his influence (eg: "See see if it's the sort of thing you do like"; line 81).

He uses "directives" when he shares knowledge or tries to persuade her to make an appointment: "I think probably the best thing to do would be look at this house first" (lines 78-79).

The woman on the other hand has also knowledge of her status (financial), the purpose of her visit and her power of choice as a customer. She uses discourses (indirect strategies) from the patriarchal model ("femininity", less powerful) adopting a "social role" for exercising power. She uses affirmations encouraging the man to follow the model. She presents very directly the purpose of her visit: "I've come into a little bit of money not a lot and I have a house to sell as well um hum, so I'd really want to know, I would like you to come and value my house, tell me how much I, you think would be a reasonable amount for that" (lines 60-63).

Power can be identified. They both try to dominate and exercise power through their knowledge (authority). The woman "drives" the situation by "using" her "femininity" and adopts the role of the "powerless woman" (discourse from patriarchal model).

He recognises her power, adopts a "masculine" role and tries to negotiate power through influence (persuasion). As it can be seen gender is crucial in this interaction and power circulates.

On the second clip status seems to be more important. Both of them have knowledge. The female estate agent tries to dominate through language, using "I" and "me" very often. He, on the other hand, tries to negotiate power by using interruptions (eg: "But also"; line 153; "So what's the difference .."; line 156), and false collaboratives, making her work look like team work, using "we", "our" (eg: "But I suppose they want it and we can add that in"; line 162).

As it can be seen the male estate agent's identity is fluid and changes according to the situation. People have the choice to present themselves differently to different people, as Bruner (1990) said. His behaviour might had been different interacting with a male customer

and colleague, as well as the women interacting with female agent /colleague.

Also it is clear that people who share the same social identity (women) can have differences (how they exercise and negotiate power). People self discipline themselves in different social roles according to the discourses of the society, as Foucault (1980) said.

REFERENCES

Allen ,J (2004) Power: Its institutional guises (and disguises). In Hughes, G & Fergusson, R (eds) Ordering Lives: Family, Work, Welfare London: Routledge

Bruner, J (1990) Acts of Meaning Cambridge, MA: Harvard University Press

Buchanan, K; Anand, P; Joffre, H & Thomas, K (2002) Perceiving and understanding the social world. In Miell, D; Phoenix, A & Thomas, K (eds) Mapping Psychology 2 London: Routledge,

Foucault, M (1980) Power/Knowledge New York: Pantheon Books

Fox Keller, E (1985) Reflections on Gender and Science New Haven: Yale University Press

Phoenix, A (2002) Identities and diversities. In Miell, D; Phoenix, A & Thomas, K (eds) Mapping Psychology 1 London: Routledge

Woodward, K & Watt, S (2004) Science and society: Knowledge in medicine. In Goldblatt, D (ed) Knowledge and the Social Sciences: Theory, Method, Practice London: Routledge

Gianna Tzanoukaki

Article written August 2007

TWO NEW CATEGORIES FOR DSM: IS THERE ANY BEHAVIOUR THAT IS NOT A MENTAL DISORDER?

The "Diagnostic and Statistical Manual of Mental Disorders" (DSM) is the classification system for mental disorders produced by the American Psychiatric Association. The current edition is number four (DSM-IV) (APA 1994), or technically DSM-IV-TR (APA 2000). DSM-V is "in production".

OBESITY AS A MENTAL DISORDER

Volkow and O'Brien (2007) proposed that "some forms of obesity are driven by an excessive motivational drive for food and should be included as a mental disorder in DSM-V" (p708). Such behaviour can be seen as a "food addiction" (Cota et al 2006) with symptoms similar to drug dependency. Table 1 summarises the characteristics of drug dependency as applied to obesity (Volkow and O'Brien 2007).

<u>Behaviour</u>	<u>Symptom in Obesity</u>
- Tolerance: need for increasing amounts to reach intoxication - Withdrawal after stopping the substance - Larger amounts consumed than intended - Persistent and unsuccessful attempts to reduce intake - Large amount of time spent in relation to drug - Other important activities reduced because of substance abuse - Substance use continues despite knowledge of harm	- Increasing food consumption to feel full - During dieting - Eat more than intended - Attempts at dieting - Large amount of time spent eating - Activities stopped due to fear of rejection because of obesity - Knowledge of consequences of obesity

Table 1 - Symptoms of drug dependency as seen in obesity.

Volkow and O'Brien further emphasised the parallel between drug dependency and obesity in terms of brain regions and biochemistry involved. For them, DSM-V is "an opportunity to recognise a component of obesity as a mental disorder" (p710).

From the viewpoint of biological psychiatry (ie: seeing all "abnormal" behaviour in terms of biological malfunctioning), there is a good argument here. But in terms of the social construction and social control of behaviour, this is evidence of the increasing invasion of psychiatry into every area of life. This includes the narrowing of the definitions in society of what is "normal", and the increasing of what is "abnormal". What is "abnormal" is classified as a mental disorder that requires treatment (usually with pharmaceutical drugs).

There is concern about this "medicalisation of modern living" or a form of "psychiatric imperialism" (Moncrieff 2000).

For Kutchins and Kirk (1997) the history of DSM highlights the increased "pathologizing" of everyday behaviour and of those in society who are undesirable and powerless: "this occurs not because of any malicious intent but because of unspoken cultural biases about what should be considered normal and what should be considered disease" (p16).

Looking at body size, in Western society today, thin bodies are presented as acceptable, and in many cases too thin. Any sign of body fat is unacceptable, especially for women. Steiner-Adair (1994) felt that:

Since the "sexual revolution" of the 1960s, thinness has replaced virginity in its representation of goodness in women. Obesity is regarded with the scorn previously reserved for sexuality. Heads no longer turn in moral righteousness when a scantily dressed woman walks down the street, and we hear the same language of moral condemnation applied to obese women that used to be directed toward the sexually active woman (p386).

DEFINING AND LABELLING BEHAVIOUR

The process of defining and labelling is linked to social power; ie: dominant power groups have the ability to label.

Societies are flexible, and individuals may attempt to redefine their behaviour into a different category. Power is crucial in this process. It is easier for those with power in society to re-label and re-categorise their errant behaviour.

For example, politicians and those at the top of large corporations are able to do as "normal" many things that are not allowed for those lower down in the social

hierarchy.

For example, if some students defined price-fixing and profiteering among corporate executives as deviance and a problem in need of remedy, they ordinarily would not have the power to implement their definitions of the situation (Conrad 1981 pp111-2).

Furthermore, the labelling of behaviour is not an objective process:

Lay people and psychiatrists alike tend to call people mentally healthy when they like their behaviour and mentally ill when they dislike their behaviour. Rebellious teenagers, unhappy housewives, dissatisfied workers, or lonely old people, for example, are often diagnosed as mentally ill, which is less a medical, scientific description than it is a judgment that the person so labelled has, in some way, behaved improperly (Chamberlain 1978).

Including the appendices, there are 330 categories of mental disorder in DSM-IV (APA 1994) according to Stone (1998). This compares with 180 in DSM-II (APA 1968) calculated by Shorter (1997). Why in less than thirty years has the number of categories of mental disorder nearly doubled?

Kovel (1981) argued that in USA, in particular, a mental health "industry" has developed, which "buttresses the principal mode of social production" (ie: which supports capitalism). In particular, the rise of the view of human difficulties as being individual in nature (ie: not caused by society or capitalism).

But the type of system is a specific type of capitalism - sometimes called "late" or "monopoly" capitalism (Kovel 1981). He sees the "ascendancy of technology.. over living labour in the production process (and) this heightens the possibility of stagnation as a result of suffocation under the weight of automatically produced commodities" as the key characteristic of such capitalism ⁵.

But it is the response to this situation that matters - "a more or less systematic attempt to penetrate and control everyday life, including subjectivity".

This control is not carried out overtly because that would be tyranny. The covert control is exercised by clear definitions of normality and abnormality. The "mental health industry", for Kovel, is a key player.

⁵ I prefer the term "consumer capitalism"; see later in the article.

Conrad (1981) takes the story further:

the medicalization of deviant behaviour: the defining and labelling of deviant behaviour as a medical problem, an illness and mandating the medical profession to provide some type of treatment for it (p102).

Moncrieff (2000) notes the covert control:

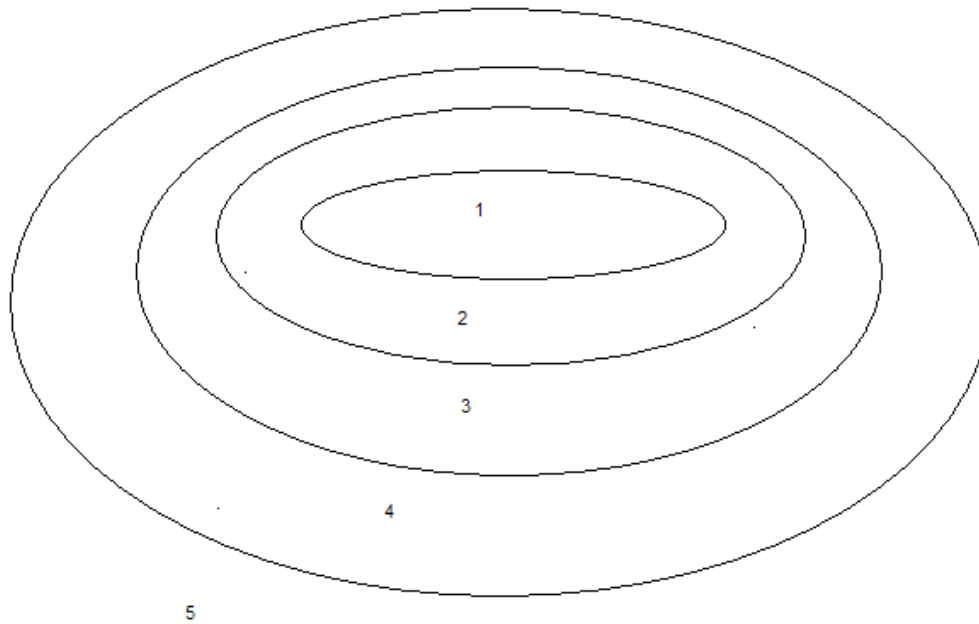
The medical model of mental illness has facilitated the move towards greater restriction by cloaking it under the mantle of treatment. This process of medicalisation of deviant behaviour conceals complex political issues about the tolerance of diversity, the control of disruptive behaviour and the management of dependency. It enables a society that professes liberal values and individualism to impose and re-inforce conformity. it disguises the economics of a system in which human labour is valued only for the profit it can generate, marginalising all those who are not fit or not willing to be so exploited (p26).

CIRCLES OF NORMALITY

Each society or culture has a series of norms which establish what is acceptable and unacceptable behaviour. Usually there are degrees of acceptability: from obligatory to desirable and permissible, to unacceptable. These degrees of acceptability can be represented as a series of circles, with obligatory being at the centre (Brewer 2001). Overall there will be the distinction between the larger circle of normality, and outside - abnormality (figure 1).

Table 2 applies the categories of the circles of normality to body size for women. The actual body size for each category will vary between different times and places. For example, "Miss America" competitors in the 1950s had a mean weight of 56.06kg, but 50.76kg by the 1980s (Spitzer et al 1999).

The strict definitions of "normal" and "abnormal" produce "disexperience": the control of experience by standardisation and bureaucratization. In other words, individuals only experience the meaning of their behaviour through the socially controlled categories of what is allowed and required or not. This is most restrictive when the category of "normal" is so limited and of "abnormal" so wide.



1 = obligatory/required; 2 = desirable; 3 = acceptable/permissible; 4 = tolerable; 5 = unacceptable

Figure 1 - Circles of normality.

CIRCLES OF NORMALITY: EXPLANATION OF FIGURE 1

1 = Obligatory/required

This is the most important behaviour in any situation or society, and must be performed. Refusal or failure to do so is a clear sign of abnormality. Usually there will be little flexibility or choice. Often what is required goes hand in hand with what is unacceptable as a dichotomy.

2 = Desirable

This category allows for some flexibility and variations in behaviour.

3 = Acceptable/permissible

This category accepts variations of sub-cultures, and the fact that society is made up of many different viewpoints.

4 = Tolerable

This is the last category of normality, and is only just inside the larger circle.

This behaviour is tolerated, particularly if the person has a justification for their behaviour. In this way, mild mental illness can be used as an excuse, or the "sick role" (Parsons 1951). Otherwise, there is a tendency to marginalise such individuals.

5= Unacceptable

This is outside both the larger circle of normality, and the small circles of degrees of normality. This behaviour is standing directly in opposition to what is obligatory. It can be either illegal, and/or "immoral", or simply different.

There will be a series of sanctions for such individuals, and, in some cases, attempts will be made to justify the behaviour as serious mental illness or with the "sick role" again.

<u>Category</u>	<u>Example</u>	<u>Society's reaction</u>
Obligatory/ required	Thin	Positive comments and images
Desirable	Less thin	Comments about chubbiness from friends
Acceptable/ permissible	Some body fat	Public comments towards individual or through media by comments on celebrities
Tolerable	Body fat	Explanation for body size due to medical condition or failure of dieting techniques despite individual trying hard
Unacceptable	Obesity	Negative comments towards individual and public criticisms

Table 2 - Circles of normality and body size for women.

Hepworth (1997) highlights the modern discourses that:

isolate the body from the different meanings of food and eating that was once common in pre-modern times. Talk about the flavours and pleasures of food and eating scarcely exists, or largely constructed through discourses of health and disease.. Diet has become a dominant discourse about food, particularly through its relationship with health gains, and the practice of dieting to achieve a socially desirable thin body. The discourse of diet constructs food choice and experiences of eating through these dominant messages (p108).

POLITICAL APATHY DISORDER AND "CONSUMER CAPITALISM"

Another proposed new category for DSM is Political Apathy Disorder (PAD), which is characterised by "a pervasive pattern of failing to help reduce the suffering of others (particularly the underprivileged, oppressed, and poor) combined with overconsumption of society's limited resources" (White 2004 p48). It will be classified as a personality disorder.

At last it seems that DSM could classify a behaviour

as "abnormal" that means the "normal" version will benefit others. In other words, to be "normal" individuals should help others and share what they have, which is especially relevant in the Developed World/West. Whether this is a "good" category to include, and whether it would ever be included in future DSMs, the emphasis is upon the individual having the problem. If individuals do not help others it is because they are mentally ill. But the problem is not down to a few (or maybe most Western) individuals who are "abnormal". The failure to share the resources of society and of the world is based in the dominant economic system that exists today in the West.

That system is "consumer capitalism" (Brewer 2001). The main characteristic of which is the need for ever-increasing profits based upon selling non-basic (consumer) goods in limited or saturated markets. The social construction of behaviour originates from this system and its manifestations. It is "a culture which has transformed traditional values of thrift and industry into a new spontaneous, life-course outlook celebrating impulsive, credit-fuelled consumption, self-expression and paganism" (Hargreaves 1987 p129).

Put simply, individuals are "constructed to consume". The drive of individuals is to have more for themselves (and those included in that category, like family); ie: selfishness is a virtue.

In order to drive people towards wanting more, it is vital for them to compare themselves to those above them in the social hierarchy (and/or to perfection). It is noticeable how often "perfect" or "perfection" is used by advertisers. Everybody knows that it is impossible to achieve perfect, but still people are driven to reach it - usually with the belief that the "right" product will help.

But upward comparison can also threaten self-esteem because one is in danger of feeling despondent at the gap between the model and oneself ..I may end up blaming myself and feel like a failure (James 1997 pp86-7).

Thus the need to buy more products to try and bolster the self-esteem. The individual is trapped in the situation of both wanting and needing more products. The individual's whole psychology is based around products because that is how society has constructed the individual. The individual is "constructed to consume".

However, society does not determine the individual in any simple sense; the process is a reciprocal, circular one in which individuals are both the products and the transformers of their social

world. Societal structures, practices and conventions pre-exist individuals who learn and reappropriate them throughout their lifetime via symbol systems with common agreed meanings. But, at the same time, by doing so they simultaneously reproduce or even transform these structures and practices (Dittmar 1992 p69).

The actual processes of how the values of "consumer capitalism" influences the individual's specific behaviours are complex, but certain techniques can be highlighted:

- The definition of "need" is enlarged to include many consumer products as necessary for survival;
- Increasing expectations of what people not only can have, but should have. This is done through advertising based upon maxims like "you deserve it" or "you are worthy of the best". High pressure marketing and excessive advertising is a key characteristic of "consumer capitalism";
- The process of marketing is aided by television, which makes the "abnormal" and unusual appear "normal" and usual. Few individuals, fictional or real, on television have no consumer products and are happy with that position, unless something is being "sold" (eg: the "abnormality" of such a position);
- At a wider level in society, everything is seen in terms of "value of money"; ie: the monetarization of public services (which traditionally cannot be valued purely in monetary terms), and of emotions, experiences, and relationships;
- The use of terms like "real" in marketing suggests that individuals are missing something or that life is artificial without certain products (eg: "the real thing"). Life is also presented as "untrue" or inauthentic with headlines like "the real story".

In the situation today of "consumer capitalism" to produce a category of mental illness that defines selfishness as a mental disorder is of limited use in the bigger picture. The answer is to change the system that underlies the social construction of behaviour. In the short term that can be through the denial of things to the self. Denial of things to the self is not necessarily that valuable of itself, but in the time of excessive materialism, it is a key weapon of resistance.

And, by the way, denial of things to the self is

probably "abnormal" based on DSM categories ⁶.

REFERENCES

APA (1968) Diagnostic and Statistical Manual of Mental Disorders (2nd ed): DSM-II Washington DC: American Psychiatric Association

APA (1994) Diagnostic and Statistical Manual of Mental Disorders (4th ed): DSM-IV Washington DC: American Psychiatric Association

APA (2000) Diagnostic and Statistical Manual of Mental Disorders (4th ed - text revision): DSM-IV-TR Washington DC: American Psychiatric Association

Brewer, K (2001) Normality, consumerism, and civil religion Orsett Psychological Review 2, 13-30

Brewer, K (2007) Mental illness, the pharmaceutical industry and the age of ludicrousness Psychology Miscellany 1, 3-38

Chamberlain, J (1978) On Our Own New York: Hawthorne

Conrad, P (1981) On the medicalisation of deviance and social control. In Ingleby, D (ed) Critical Psychiatry Harmondsworth: Penguin

Cota, D et al (2006) Cannabinoids, opioids and eating behaviour: The molecular face of hedonism? Brain Research and Brain Research Review 51, 85-107

Dittmar, H (1992) The Social Psychology of Material Possessions Hemel Hempstead: Harvester Wheatsheaf

Hargreaves, J (1987) Sport, Power and Culture Cambridge: Polity Press

Hepworth, J (1997) The Social Construction of Eating Disorders London: Sage

James, O (1997) Britain on the Couch London: Century

⁶ McElroy et al (1994) proposed criteria for "compulsive buying disorder", which I (Brewer 2007) have adapted for "compulsive non-buying disorder": (i) Preoccupation with thinking carefully before buying, such that advertisers find senseless; (ii) Frequent buying of things that individuals can easily afford including cheaper or non-branded versions; (iii) Buying behaviour that causes marked distress for companies.

Kovel, J (1981) American mental health industry. In Ingleby, D (ed) Critical Psychiatry Harmondsworth: Penguin

Kutchins, H & Kirk, S (1997) Making Us Crazy New York: Free Press

McElroy, S.L et al (1991) Treatment of compulsive shopping with anti-depressants: A report of three cases Annals of Clinical Psychiatry 3, 199-204

Moncrieff, J (2000) Psychiatric imperialism: The medicalisation of modern living Asylum 12, 2, 24-27

Parsons, T (1951) The Social System Glencoe, Ill: Free Press

Shorter, E (1997) A History of Psychiatry New York: John Wiley

Spitzer, B.L et al (1999) Gender differences in population versus media body sizes Sex Roles 40, 7-8, 545-565

Steiner-Adair, C (1994) The politics of prevention. In Fallon, P et al (eds) Feminist Perspectives on Eating Disorders New York: Guilford Press

Stone, M.H (1998) Healing the Mind London: Pimlico

Volkow, N.D & O'Brien, C.P (2007) Issues for DSM-V: Should obesity be included as a brain disorder? American Journal of Psychiatry 164, 5, 708-710

White, G.D (2004) Political apathy disorder: Proposal for a new DSM diagnostic criteria Journal of Humanistic Psychology 44, 1, 47-57

Kevin Brewer

Article written June 2008